
ADULT BRADYCARDIA

ASYMPTOMATIC BRADYCARDIA

FIELD ASSESSMENT/TREATMENT INDICATORS

Heart rate < 60
Minimal or no symptoms of poor perfusion

BLS INTERVENTIONS

1. Recognition of heart rate <60
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated

ALS INTERVENTIONS

1. Establish vascular access if indicated. If lung sounds clear, consider Bolus of 300cc NS, may repeat.
2. Obtain oxygen saturation
3. Place on cardiac monitor and obtain rhythm strip for documentation with copy to receiving hospital

SYMPTOMATIC BRADYCARDIA

FIELD ASSESSMENT/TREATMENT INDICATORS:

Decreased level of consciousness
Chest pain
Pulmonary congestion
Signs of inadequate tissue perfusion/shock
Shortness of breath

BLS INTERVENTIONS

1. Recognition of heart rate <60
2. Reduce anxiety, allow patient to assume position of comfort.
3. Administer oxygen as clinically indicated

ALS INTERVENTIONS

1. Consider advanced airway, as indicated, and obtain Pulse Ox
2. Administer IV bolus of 300cc. Maintain IV rate at 300cc/hr if lungs remain clear to auscultation.
3. Place on Cardiac monitor, and obtain rhythm strip for documentation. Copy to go to receiving hospital.

4. Administer Atropine 0.5mg IVP. May repeat every 5 minutes up to a maximum of 3mg or 0.04mg/kg. Consider TCP, per Protocol Reference # 4005, instead of Atropine for documented MI, 3rd degree AV Block with wide complex, and 2nd degree Type II AV Block
5. Attempt transcutaneous cardiac pacing of a Bradycardia rhythm with continued symptoms of inadequate tissue perfusion.
6. Consider Dopamine 400mg in 250 cc of NS to infuse at 5-20 mcg/ kg/min, titrate to sustain a systolic B/P>90mmHg, if the patient remains hemodynamically unstable.
7. Contact Base Hospital.